

MAINTAINED FOR RECORD  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		90310	
Township of <u>Leonomy</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Leonomy</u>		State Board of Health			
City of <u>Leonomy</u>		Registration District No. <u>25A</u>		Registered No. <u>61</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>James W. Taylor Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 17</u>	191 <u>6</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>James W. Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Gasque Elder</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Leonomy S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Leonomy S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>			
(12) BIRTHPLACE <u>Garage S.C.</u>		(16) COLOR OR RACE <u>White</u>			
(13) OCCUPATION <u>Merchant</u>		(18) BIRTHPLACE <u>Garage S.C.</u>			
(20) Number of children born to mother, including present birth <u>8</u>		(19) OCCUPATION <u>at home</u>			
		(21) Number of children of this mother now living, including present birth <u>7</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>1:00</u> a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. S. Duane</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Columbia S.C.</u>					
Given name added from a supplemental report					
....., 191.....					
..... Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec 22 1916</u> (28) <u>Chas. G. Finch</u> Local Registrar					

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.